

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35211

Title: Gastric Xanthelasma and Metabolic Disorders: A Large Retrospective Study among Chinese Population

Reviewer's code: 03262333

Reviewer's country: Iran

Science editor: Ya-Juan Ma

Date sent for review: 2017-07-03

Date reviewed: 2017-07-06

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The article is of interest due to large number of cases .But several points need clarification: It is sometimes not clear that where endoscopic or pathologic confirmation of xanthelasma were the basis of grouping patients and analysis. The higher age of patients with xanthelasma should have been documented with statistical test which is not the case considering the information in table 2. Presentation symptoms of abdominal discomfort , dyspepsia , abdominal distension etc . all are in the same category. It could be of interest to know whether the presentation symptom was different between those with xanthelasma and those without. The pathologic classification of IM should be referenced. To my knowledge the classification includes complete and partial and the groups mentioned in the text are not familiar to me. Instead dysplasia should be classified to high , intermediate and low grade. The control group was mentioned to be 99 healthy controls who were collected from annual health examination but in table 3

many of the control group had various medical diseases . I suggest that the control group be selected among those who had endoscopies if their metabolic data are available.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35211

Title: Gastric Xanthelasma and Metabolic Disorders: A Large Retrospective Study among Chinese Population

Reviewer's code: 03008931

Reviewer's country: China

Science editor: Ya-Juan Ma

Date sent for review: 2017-07-22

Date reviewed: 2017-08-01

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This work by Drs. Chen et al., have studied gastric xanthelasma and metabolic disorders in a large retrospective study among Chinese population. They collected patient information from endoscopy archives and analysis the relationship of xanthelasma with several biochemical, metabolic and tumor markers. The work is the first of its kind in Chinese population and appears interesting and novel. Similar studies in Korea and Japan have been reported, and the role of xanthelasma and its possible implication in disease pathogenesis is still under investigation. It is not clear regarding its formation mechanism and importance in gastric disease pathogenesis at this stage, authors noted its link with gastric atrophy, dysplasia and a few biochemistry factors. Two important questions remain as follows, 1. H. pylori infection rate appears pretty low in the samples collected in table 2, which is around 30%, this is even lower than the infection rate in general population, which is around 50%, how to explain this phenomenon? 2.

Without a clear known mechanism of its formation, it is hard to explain the correlation of xanthelasma with identified biochemical and tumor markers, authors are encouraged to discuss more about this area, and provide information on how to clarify its role in disease pathogenesis and, therefore makes the paper in-depth and more attractive. Minor points: A number of typos and grammar errors are present throughout the text that requires authors' attention to revise.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35211

Title: Gastric Xanthelasma and Metabolic Disorders: A Large Retrospective Study among Chinese Population

Reviewer's code: 01799104

Reviewer's country: Taiwan

Science editor: Ya-Juan Ma

Date sent for review: 2017-07-22

Date reviewed: 2017-08-04

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors studied the relationship between gastric xanthelasma and metabolic disorders in Chinese patients. Several minor questions are raised. First, in the text discussing table 1, you should mention that your 99 patients are the only patients whom gastric biopsy was performed, and the 99 non-xanthelasma patients are control. Although you had mentioned in later section 3.3 in your text, it seems not chronologically which may confuse the readers. Second, in page 10, what is the difference between non-gastric gastrointestinal xanthelasma and extra-gastrointestinal xanthelasma? Third, in page 13 the 2nd line from the bottom, the hematoma means liver hemangioma? Finally, what is the number of each group in table 4?